

# State of New Hampshire New Hampshire Board of Nursing

21 S. Fruit St., Ste 16  
Concord, NH 03301-2431  
Webpage: <http://www.state.nh.us/nursing>  
TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323




Nurse Asst. 603-271-6282

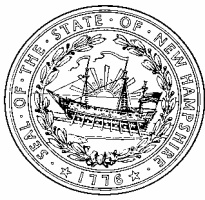
**Welcome. You are applying for an initial New Hampshire Nursing Assistant License.**

There are three main ways to qualify for an initial NH Nursing Assistant License.

The table and checklist below will help guide you in the application process.

**Complete the checklist section that applies to you.**

Section I	Section II	Section III
<b>License by Competency Evaluation:</b> This means that you have completed a NH Nursing Assistant Education Program and written and clinical testing. 	<b>License by Comparable Education:</b> This means that you have completed the Nursing Fundamentals portion of a RN or LPN program or a LNA Challenge Exam and written and clinical testing. 	<b>License by Endorsement:</b> This means that you hold an active Nursing Assistant License, Certification or Registration in another state. 
I have completed a <u>notarized</u> <b>Criminal Record Release Authorization Form</b> and sent the form to the NH State Police: <b>YES</b> <input type="checkbox"/> *The NH Board of Nursing cannot complete your license application until we have received your criminal record report from the State Police.	I have completed a <u>notarized</u> <b>Criminal Record Release Authorization Form</b> and sent the form to the NH State Police: <b>YES</b> <input type="checkbox"/> *The NH Board of Nursing cannot complete your license application until we have received your criminal record report from the State Police.	I have completed a <u>notarized</u> <b>Criminal Record Release Authorization Form</b> and sent the form to the NH State Police: <b>YES</b> <input type="checkbox"/> *The NH Board of Nursing cannot complete your license application until we have received your criminal record report from the State Police.
I have attached a copy of my LNA Education Program <b>Program Certificate</b> : <b>YES</b> <input type="checkbox"/>	I have attached a copy of <u>one</u> of the following: <b>Nursing Program Transcript</b> documenting completion of Nursing Fundamentals: <b>YES</b> <input type="checkbox"/> <u>OR</u> <b>Letter from my Nursing Program</b> verifying completion of Nursing Fundamentals: <b>YES</b> <input type="checkbox"/>	I have attached a <b>copy of my out-of-state Nursing Assistant License</b> or Certificate: <b>YES</b> <input type="checkbox"/>
I have attached a <b>Final Report</b> of my <b>Written and Clinical Competency Testing Results</b> : <b>YES</b> <input type="checkbox"/>	<u>OR</u> <b>Challenge Exam Certificate and final report of Written and Clinical Competency Testing Results</b> : <b>YES</b> <input type="checkbox"/>	I have completed and sent request(s) for <b>verification of any/all out-of-state licenses/certifications/ registrations</b> : <b>YES</b> <input type="checkbox"/> * You may make multiple copies of the verification form if needed*
I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> : <b>YES</b> <input type="checkbox"/>	I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> : <b>YES</b> <input type="checkbox"/>	I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> : <b>YES</b> <input type="checkbox"/>
I have attached a <b>check or money order for \$20.00</b> , payable to: <i>Treasurer, State of New Hampshire</i> (please note that all fees are non-refundable): <b>YES</b> <input type="checkbox"/>	I have attached a <b>check or money order for \$20.00</b> , payable to: <i>Treasurer, State of New Hampshire</i> (please note that all fees are non-refundable): <b>YES</b> <input type="checkbox"/>	I have attached a <b>check or money order for \$20.00</b> , payable to: <i>Treasurer, State of New Hampshire</i> (please note that all fees are non-refundable): <b>YES</b> <input type="checkbox"/>
<p align="center"><b>Please complete and submit this checklist with the <u>Application for Initial NH Nursing Assistant License</u>.</b>  <b>Applications not completed will be purged 180 from filing date</b></p>		
<b>Print Name:</b>	<b>Signature:</b>	<b>Date:</b>



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For Office Use Only

Fee: \_\_\_\_\_  
Rec'd: \_\_\_\_\_  
Ck/mo#: \_\_\_\_\_  
Reg. # \_\_\_\_\_  
Issue date \_\_\_\_\_

Nursing 603-271-2323

Nurse Asst. 603-271-6282

**Application for Initial New Hampshire Nursing Assistant License**

Last Name:		First Name:		Middle Initial:	Maiden/Other Names Used:
Home <u>Mailing</u> Address:					
City or Town:		County:	State:	Zip Code:	
Date of Birth: / /		Phone Number: ( ) -		Social Security # (optional): / /	
<p>1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b><u>If you answered YES to any of the above questions (1-4), you must attach a letter of explanation.</u></b></p> <p>5. Do you want your name and address on a list of nurses that may be made available for purchase? YES <input type="checkbox"/> NO <input type="checkbox"/></p>					
Name of Nursing or Nursing Assistant Program:					
Program Certificate Date:			Written and Clinical Competency Evaluation Date:		
Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition? *YES <input type="checkbox"/> NO <input type="checkbox"/> *If YES, please attach a letter of explanation.					
Have you received reimbursement for your LNA Education? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Name of Current Employer:		Phone Number of Current Employer: ( ) -		Check here if you are not currently employed as a Nursing Assistant: <input type="checkbox"/>	
Address of Current Employer:				Date of Hire:	
Do you now hold (or have you ever held) a Nursing or Nursing Assistant Certification, License or Registration in any other state? *YES <input type="checkbox"/> NO <input type="checkbox"/> *If you answered <b>YES</b> , please complete the information requested <b>for each state</b> in which you have held a certification, license or registration 		State:	License Type:	Expiration Date:	
		State:	License Type:	Expiration Date:	
		State:	License Type:	Expiration Date:	
<b><u>This section is ONLY for applicants who are applying for Endorsement of an out-of state Nursing Assistant Certificate or License:</u></b> Please confirm that you have worked as a nursing assistant under the supervision of a licensed nurse for a minimum of 200 hours within the two years immediately prior to the date of this application: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Please confirm that you have received 12 contact hours of continuing education within the year immediately prior to the date of this application: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
<b>Please Note: All Fees are non-refundable. Application materials not completed within 180 days will be purged.</b>					
UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).					
Full Signature of Applicant:					Date:

Please note that all questions must be answered or your application will be returned to you.



**DO NOT SEND THIS FORM TO THE BOARD OF NURSING**

**MAIL THIS FORM WITH THE**  
**\$ 15.00 FEE DIRECTLY TO:**

New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**PURPOSE FOR RECORD:** ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other \_\_\_\_\_  
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED **TO YOU**, **OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

**NEW HAMPSHIRE BOARD OF NURSING**

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS 21 S. FRUIT ST. STE 16 CONCORD NH 03301  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm Exp.)

Margaret J. Walker, Executive Director \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

**NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**